

**ACH VENDOR/MISCELLANEOUS PAYMENT  
ENROLLMENT FORM**

OMB No. 1510-0056

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion. See reverse for additional instructions.

**PRIVACY ACT STATEMENT**

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.

**AGENCY INFORMATION**

FEDERAL PROGRAM AGENCY		
Architect of the Capitol		
AGENCY IDENTIFIER:	AGENCY LOCATION CODE (ALC):	ACH FORMAT:
	01-00-0001	<input type="checkbox"/> CCD + <input type="checkbox"/> CTX
ADDRESS:		
2ND & D STS., SW, FORD HOUSE OFFICE BUILDING		
WASHINGTON, DC 20024		
CONTACT PERSON NAME:		TELEPHONE NUMBER:
		( )
ADDITIONAL INFORMATION:		

**PAYEE/COMPANY INFORMATION**

NAME	SSN NO. OR TAXPAYER ID NO.
ADDRESS	
CONTACT PERSON NAME:	
TELEPHONE NUMBER:	
( )	

**FINANCIAL INSTITUTION INFORMATION**

NAME:	
ADDRESS:	
ACH COORDINATOR NAME:	TELEPHONE NUMBER:
	( )
NINE-DIGIT ROUTING TRANSIT NUMBER:	
DEPOSITOR ACCOUNT TITLE:	
DEPOSITOR ACCOUNT NUMBER:	LOCKBOX NUMBER:
TYPE OF ACCOUNT:	
<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCKBOX	
SIGNATURE AND TITLE OF AUTHORIZED OFFICIAL: (Could be the same as ACH Coordinator)	TELEPHONE NUMBER:
	( )

AUTHORIZED FOR LOCAL REPRODUCTION

SF 3881 (Rev. 2/2003)  
Prescribed by Department of Treasury  
31 U.S.C. 3322; 31 CFR 210

### **Instructions for Completing SF 3881 Form**

Make three copies of form after completing. Copy 1 is the Agency Copy; copy 2 is the Payee/Company Copy; and copy 3 is the Financial Institution Copy.

1. Agency Information Section - Federal agency prints or types the name and address of the Federal program agency originating the vendor/miscellaneous payment, agency identifier, agency location code, contact person name and telephone number of the agency. Also, the appropriate box for ACH format is checked.
2. Payee/Company Information Section - Payee prints or types the name of the payee/company and address that will receive ACH vendor/miscellaneous payments, social security or taxpayer ID number, and contact person name and telephone number of the payee/company. Payee also verifies depositor account number, account title, and type of account entered by your financial institution in the Financial Institution Information Section.
3. Financial Institution Information Section - Financial institution prints or types the name and address of the payee/company's financial institution who will receive the ACH payment, ACH coordinator name and telephone number, nine-digit routing transit number, depositor (payee/company) account title and account number. Also, the box for type of account is checked, and the signature, title, and telephone number of the appropriate financial institution official are included.

### **Burden Estimate Statement**

The estimated average burden associated with this collection of information is 15 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property and Supply Branch, Room B-101, 3700 East West Highway, Hyattsville, MD 20782 and the Office of Management and Budget, Paperwork Reduction Project (1510-0056), Washington, DC 20503.

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership  
☐ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ .....  
☐ Other (see instructions) ▶

☐ Exempt  
payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

OR

Employer identification number

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

**\* FOR MORE INFORMATION OR INSTRUCTIONS CONSULT THE IRS WEBSITE AT  
WWW.IRS.GOV**

## ARCHITECT OF THE CAPITOL VENDOR REQUEST FORM

### SECTION I. To Be Completed By AOC Personnel Before Sending To The Vendor

Name (Printed and Signature) of AOC Personnel Requesting Vendor:  <i>Signature certifies that this request is for addition or modification of a vendor for the purposes of conducting valid business with the Architect of the Capitol.</i>	AOC Personnel Phone No.	Vendor Number (required for modifications to a vendor already on file):
Vendor Name	Vendor Phone No	
Name of Vendor Personnel to be Sent This Form	Vendor Fax No.	

### SECTION II. To be completed by vendor. For assistance on SECTION II, call (202) 226-2557.

Official Vendor Name:		
Mailing Address:		
Physical Address:		
Vendor's Remittance Name and Address:		
Vendor Phone No.:	Vendor Fax No.:	Vendor DUNS No.:
Type of Contractor (See Attached Page For Information)		
If small business, check all that apply in this column		
Small Business Concern		If not a small business, check only one of the below categories
HUBZone Small Business		Large Business
Small Disadvantaged Business		Historically Black College/University
8(a) Program Participant		Educational Institution
Service Disabled Veteran Owned		JWOD AbilityOne Non Profit Agency
Veteran Owned Small Business		Other Non Profit Organization
Woman-Owned Small Business		Other Entities (State/Local/Federal Gov.)
Printed Name and Title of Vendor Representative		
Signature of Vendor Representative		Telephone No.:
E-mail Address		Date:
<b>SECTION III: For AOC Use Only</b>		
Signature and Date of Procurement Staff Entering Data		Signature and Date of Accounting Staff Verifying Financial Data Entered

#### INSTRUCTIONS TO VENDORS

Complete the attached W-9 IRS form. An SSN or EIN must be provided. W-9 is also available at [www.irs.gov](http://www.irs.gov) under "More Forms and Publications".

The AOC makes payment via Electronic Funds Transfer (EFT). Please complete the enclosed SF 3881 ACH VENDOR/ MISCELLANEOUS PAYMENT ENROLLMENT FORM. This form is also available at [www.gsa.gov](http://www.gsa.gov) under "Forms Library" "Standard Forms".

**Upon completion of the forms, fax to: Procurement Division (202) 225-3221 or e-mail as PDF attachments to [AOCProcurement@aoc.gov](mailto:AOCProcurement@aoc.gov). To verify receipt, call (202) 226-2557.**

## TYPE OF CONTRACTOR

A small business is one that is organized for profit, has a place of business in the United States, *and* does not exceed the size standard for its industry. It may be a sole proprietorship, partnership, corporation, or any other legal entity. An entity that is organized for profit, has a place of business in the United States, *and* exceeds the size standard for its industry is a large business. An entity that is not organized for profit is a nonprofit organization, e.g., the American Red Cross, universities, and foundations. An entity organized for profit that is not in the United States is a foreign contractor.

Small disadvantaged business, women-owned small business, veteran-owned small business, service-disabled veteran-owned small business, and HUBZone small business are each subsets of small business. Generally, not less than 51% of the business must be owned by the type of individual described in order to be considered of that category, e.g., in order to be a veteran-owned small business, not less than 51% of the business must be owned by one or more veterans with the management and daily business operations controlled by one or more veterans. Small disadvantaged businesses and HUBZone small businesses require certification by the U. S. Small Business Administration. For help in determining the type of contractor you are please visit the following link: <http://www.sba.gov/gopher/Government-Contracting/Size/> or call AOC Procurement Policy at (202) 226-1407.